

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035631

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 6

| | | | |
|--|---|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Clarkton | | c. CITY OR TOWN Clarkton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) MAYME LENA DUNSCOMB | | 4. DATE OF DEATH September 4, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 1, 1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. FATHER'S NAME Rev. M.J. Whitaker | | 11b. MOTHER'S MAIDEN NAME Sarah Elizabeth | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 12b. SOCIAL SECURITY NO. None | |
| 13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>broncho-pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>arteriosclerosis generalized</u> | | 13b. NAME OF HUSBAND OR WIFE Kenley L. Dunscomb, deceased | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Jan. 1 1946 to 9-4-63 and last saw her alive on 9-3-63 | | Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE J.S. Hopkins, M.D. (Degree or title) | | 22b. ADDRESS GIDEON, MO. | |
| 22c. DATE SIGNED 9-6-63 | | 22d. LOCATION (City, town, or county) (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Sept. 6, 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Standfield Cemetery | | 23d. CITY, TOWN, OR LOCATION Clarkton Missouri | |
| 24. FUNERAL DIRECTOR Landess Funeral Home Malden, Missouri | | 25. DATE RECD. BY LOCAL REG. 9-10-63 | |
| 26. REGISTRAR'S SIGNATURE J.D. Schuman | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10350

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SEP 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard V. Beall

Licensed Embalmer No.

5116

P. O. Address

Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.